

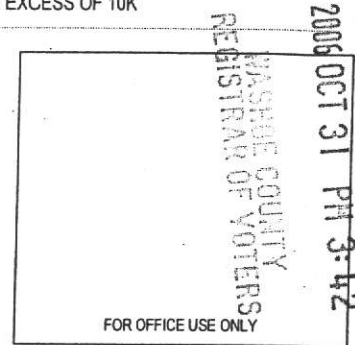
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Gary Schmidt Office (if applicable) Candidate Primary for County Comm Dist. 5
 Mailing Address (include city and zip code) 505 Main Street Telephone No. 775 624 2008
Overluch NV
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP
☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- ☐ Annual Filing - Due January 15, 2006
 Period: January 1, 2005 - December 31, 2005
- ☐ Report #1 - Due August 8, 2006*
 Period: Jan. 1, 2006 - Aug 3, 2006
- ☒ Report #2 Due - October 31, 2006*
 Period: Aug. 4, 2006 - Oct. 26, 2006
- ☐ Report #3 Due - January 15, 2007***
 Period: Oct. 27, 2006 - Dec. 31, 2006
- ☐ Annual Filing - Due January 15, 2007
 Period: January 1, 2006 - December 31, 2006



RECEIVED

* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
 ** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
 (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
00	00
	00
	00
	00

5. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
 (See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
 (Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
 (See page 3 of instruction sheet)

est. 10,000 | 45,000 est
 est. 10,000 | 45,000 est
 100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

Report Period	#
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District (if applicable)

[illegible]

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CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print)

Gary Schmidt candidate in Republican Primary County Comm. Dist. 5

Office (if applicable)

District (if applicable)

Mailing Address (include city and zip code)

E-Mail Address

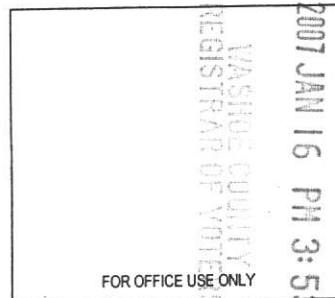
Telephone No.

Select Appropriate Box(es)

☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP

☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

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(See page 2 of instruction sheet)

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

00	00
	00
	00
	00

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

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00	00
00	00

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est.

est.

est. 10,000 45,000 est.

est. 10,000 45,000 est.

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

EL201.doc

Revised: Sep-05

PAGE

Date

1 of 3

1

OF

Report Period	#
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District (if applicable)

[illegible]

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CAMPAIGN EXPENSES

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
E-Media	D (F?)	?	43,000
Misc Gas & Supplies	A	continuous	2,000

est.
est.

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